

MAY 31 2002

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PTO/SB/011 (03-01)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)      OR

Attorney Docket Number	64995-013
First Named Inventor	DAVID R. GOLDMANN THOMSON M. KUHN
COMPLETE IF KNOWN	
Application Number	10 / 060,062
Filing Date	01/29/02
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HIERARCHICAL NETWORK SYSTEM FOR DISSEMINATING MEDICAL,  
DRUG AND DIAGNOSTIC INFORMATION AND GUIDANCE**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 01/29/02 as United States Application Number or PCT International

Application Number 10/060,062 and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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Name

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City

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name David R.  
(first and middle [if any])

Family Name Goldmann  
or Surname

Inventor's Signature *David R. Goldmann*

05/06/02  
Date

Residence: City Wynnewood

State PA

Country USA

Citizenship USA

Mailing Address 224 Almud Lane

City Wynnewood

State PA

ZIP 19096

Country

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name Thomson M.  
(first and middle [if any])

Family Name Kuhn  
or Surname

Inventor's Signature

Date

Residence: City Alexandria

State VA

Country USA

USA  
Citizenship

Mailing Address 5906 Bond Court

City Alexandria

State VA

ZIP 22315

Country

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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**DEPARTMENT FOR UTILITY OR  
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Attorney Docket Number	64995-013
First Named Inventor	DAVID R. GOLDMANN THOMSON M. KUHN
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 060,062
Filing Date	01/29/02
Group Art Unit	
Examiner Name	

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## HIERARCHICAL NETWORK SYSTEM FOR DISSEMINATING MEDICAL, DRUG AND DIAGNOSTIC INFORMATION AND GUIDANCE

(Title of the invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

**Application Number**

10/060 062

and was amended on (MM/DD/YYYY).

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	10/060,062
Filing Date	01/29/02
First Named Inventor	David R. Goldmann
Title *	Thomson M. Kuhn
Group Art Unit	
Examiner Name	
Attorney Docket Number	64995-013

I hereby appoint:

Practitioners at Customer Number

25203

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name      Scott J. Fields, Esquire

Signature

Date      5/16/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\*HIERARCHICAL NETWORK SYSTEM FOR DISSEMINATING MEDICAL, DRUG AND  
DIAGNOSTIC INFORMATION AND GUIDANCE



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Fax \_\_\_\_\_

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NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name David R. Family Name Goldmann  
(First and middle [if any]) or Surname

Inventor's Signature

Date

Residence: City Wynnewood

State PA

Country USA

Citizenship USA

Mailing Address 224 Almoe Lane

City Wynnewood State PA ZIP 19096 Country

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name Thomson M. Family Name Kuhn  
(First and middle [if any]) or Surname

Inventor's Signature

Date

5/8/2002

Residence: City Alexandria

State VA

Country USA

Citizenship USA

Mailing Address 5906 Bond Court

City Alexandria State VA ZIP 22315 Country

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.